-62-011279 MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER Primary Registration District No. 0 0 2 Registrar's No. -DO NOT WRITE ON THIS STUB **AMENDED** 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH . COUNTY Jackson a. STATE Missouri b. COUNTY Jackson admission) VS 300 DATE AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN Kansas City 16 Years Yes XX No 🗆 TOWN Kansas City c. FULL NAME OF (If NOT in hospital, give location) (If cutside, give location) Inside Limits d. STREET Reside on Farm **ADDRESS** INSTITUTION 1112 East Armour Blvd. 1112 East Armour Blvd. Yes No 🗆 Yes □ No I 352 (5) Middle 3. NAME OF DECEASED First 4. DATE Last Day Year 3 (Type or print) 1962 DEATH March WILLIAM RATH 7. Married Never Married XX 8. DATE OF BIRTH Widowed Divorced 1-18-1913 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE Months Days Male White 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY Christian Science Practioner U. S. A. Neodesha, Kansas 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Lula M. Master William J. Rath 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no or unknown) (If yes, give war or dates of servi Kansas City. Mo. Mrs. Lula Rath ⁹7955 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH - 10 unknown IMMEDIATE CAUSE (a) ö 11 INSTEAD Conditions, If any,] DUE TO (b) 1290-0 which gave rise to THIS above cause (a), stating the under-13 lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female disease condition given in PART I (a) there a pregnancy in last 90 days. Christian Scientist **AMENDMENTS** ☐ Yes ☐ No □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE 20a. ACCIDENT 19. WAS AUTOPSY PERFORMED? MEDICAL 20c. TIME OF Hour Month, Day, Year RIBBON INJURY a.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d, INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK **TYPEWRITER** SHOULD READ __and last saw him alive on___ 21. I attended the deceased from. _m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred a 22c. ATE SIGNED (Degree or title) 22a, SIGNATURE 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23b, DATE 23a. BURIAL, CREMATION, AFFIDA Burial (Specify) Š Memorial Park Kansas City. Mo. 3-5-62 26. REGISTRAR SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. ITEM 24. FUNERAL DIRECTOR Freeman Mortuary, Kansas City, Mo. (Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

	I	hereby	certify	that	the	body	whose	name	is	recorded	on	the	reverse	side	of	this	certificate	was	embalmed	by m	e,
v																Stuc	dent Embal	mer	No.		

working under my personal supervision.

, personal opportunity

Student_

Signature of Student Embalmer

Signed Clay to Harnes

Licensed Embalmer No. 4793

P. O. Address X. W., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

. If this body is not embalmed, fact should be so stated above.

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